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JACC March 17, 2015
Volume 65, Issue 10S

Acute Coronary Syndromes

BASELINE LDL-C AND CLINICAL OUTCOMES WITH ADDITION OF EZETIMIBE TO STATIN IN 18,144 PATIENTS POST ACS

Moderated Poster Contributions
Acute Coronary Syndromes Moderated Poster Theater, Poster Hall B1
Saturday, March 14, 2015, 10:45 a.m.-10:55 a.m.

Session Title: The Complex Landscape of Acute Coronary Syndromes
Abstract Category: 2. Acute Coronary Syndromes: Clinical
Presentation Number: 1125M-09

Authors: *Robert P. Giugliano, Christopher Cannon, Michael Blazing, Jennifer White, Sabina Murphy, Andrew Tershakovec, Thomas Musliner, Robert Califf, Eugene Braunwald, Brigham and Women's Hospital, Boston, MA, USA, Duke Clinical Research Institute, Durham, NC, USA*

Background: The relationship between LDL-C measured at the time of an ACS event and subsequent treatment benefit from LDL-C lowering is poorly understood.

Methods: The IMPROVE IT trial randomized 18,144 patients post-ACS to either ezetimibe or placebo, on a background of simvastatin 40-80 mg. We compared clinical outcomes in all subjects (and also in the 11,504 patients naive to lipid therapy at baseline), stratified by quartiles of baseline LDL-C. Follow-up was for a median of ~6 years. Multivariable models assessed whether the treatment benefit was dependent on baseline LDL-C. The primary endpoint was a composite of CV death, major coronary events, or non-fatal stroke.

Results: Results of the main IMPROVE-IT trial will be available in November 2014. We plan to present the adjusted HR of the primary endpoint, stratified by LDL-C quartile (<65, 65-80, 80-96, >96 mg/dL). Adjusted interaction tests between treatment and highest versus lowest baseline LDL-C quartile will be presented as well as an analysis of baseline LDL-C as a continuous variable comparing ezetimibe + simvastatin vs simvastatin alone.

Conclusion: This analysis will determine how LDL-C measured at the time of an ACS event relates to subsequent benefit from the addition of ezetimibe to background simvastatin in the IMPROVE IT trial population.